

1 **BOARD OF SUPERVISORS, COUNTY OF LAKE, STATE OF CALIFORNIA**

2 **RESOLUTION NO. _____**

3 **A RESOLUTION OF THE BOARD OF SUPERVISORS APPROVING**
4 **THE STANDARD AGREEMENT #21-5020 BETWEEN THE COUNTY OF LAKE AND CALIFORNIA**
5 **DEPARTMENT OF SOCIAL SERVICES FOR RESOURCE FAMILY APPROVAL PROGRAM**
6 **SERVICES AND AUTHORIZING THE DIRECTOR OF SOCIAL SERVICES TO SIGN THE STANDARD**
7 **AGREEMENT**

8
9 **WHEREAS**, according to the Resource Family Approval Program and Welfare and Institutions Code §
10 16519.5 (d)(3)(B), resource family permanency assessments should include a family evaluation that consists of but
11 is not limited to, interviews of an applicant to assess the applicant’s personal history, family dynamic, and need for
12 support or resources, and a risk assessment; and

13
14 **WHEREAS**, from July 1, 2021 to June 30, 2023, California Department of Social Services will provide
15 family evaluation services for the Lake County Department of Social Services in order to expedite the process for
16 families applying to the program; and

17
18 **WHEREAS**, compensation to California Department of Social Services shall not exceed fifty-eight
19 thousand fifty-eight dollars (\$58,058.00) for the term of July 1, 2021 to June 30, 2022, and compensation to
20 California Department of Social Services shall not exceed fifty-eight thousand fifty-eight dollars (\$58,058.00) for
21 the term of July 1, 2022 to June 30, 2023.

22
23 **NOW, THEREFORE, BE IT RESOLVED:**

24 The Standard Agreement #21-5020 between County of Lake and California Department of Social Services
25 for Resource Family Approval Program Services is approved; and

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BE IT FURTHER RESOLVED:

The Director of Social Services is authorized to sign the Standard Agreement #21-5020 between County of Lake and California Department of Social Services for Resource Family Approval Program Services.

THIS RESOLUTION was passed and adopted by the Board of Supervisors of the County of Lake at a regular meeting thereof on _____, 2021 by the following vote:

AYES:

NOES:

ABSENT OR NOT VOTING:

ATTEST: CAROL J. HUCHINGSON
Clerk to the Board of Supervisors

COUNTY OF LAKE

By: _____

Chair, Board of Supervisors

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By: 